Historical landmarks in dementia with Lewy bodies

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Fritz Jakob Heinrich Lewy (1885–1950) described the eosinophilic intraneuronal inclusion bodies, which were later named after him, while studying the neuropathology of Parkinson's disease at Alois Alzheimer's laboratory in Munich, Germany, in 1912.[1]
In 1962, John Woodard, neuropathologist at the Camarillo State Hospital in California, US, reported a wide range of neuropsychiatric symptoms and cognitive decline in 27 patients with autopsy proven Lewy body disease, of whom only about a quarter had parkinsonian symptoms.[2] Over the following decades, Kenji Kosaka (Yokohama City University) and other researchers from Japan reported detailed autopsies of more than twenty patients with a variable distribution of Lewy bodies in their brain stem and cerebral cortex, who clinically presented with varying amounts of cognitive impairment, neuropsychiatric, and motor symptoms.[3] Aggregated α-synuclein was shown to be the key component of Lewy bodies in the 1990s[1] and the first international workshop on the disease held in Newcastle in 1995 proposed the term "dementia with Lewy bodies". Diagnostic criteria were published, including the three core features of fluctuation in cognitive function, visual hallucinations, and spontaneous motor features of parkinsonism.[4] The criteria were revised in 2005, featuring the introduction of suggestive features (Rapid eye movement sleep behavioural disorder, severe neuroleptic sensitivity, and low dopamine transporter uptake in basal ganglia) and a temporal criterion which distinguishes dementia with Lewy bodies from dementia in Parkinson's disease.[5] In 2013, dementia with Lewy bodies was included in the Diagnostic and Statistical Manual of Mental Disorders, fifth edition, and we hope that dementia with Lewy bodies will be acknowledged as a separate entity in the International Classification of Diseases, 11th revision.

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